of transaminases in blood serum and presence of anti HCV and HCV RNA in the blood.
The positive response to alpha-2a interferon therapy was found in 20 patients. Of them GNB3 gene was determined in 3 (15%) patients. In the patients resistant to therapy or with disease recurrence after antiviral therapy GNB3 C825T allele was revealed in 12 (60%) patients.
According to our investigations we found increase in number of GNB3 C825T carriers among the patients without response to the antiviral treatment.

PP-140 Frequency of hepatitis C virus infection in Pakistani patients with type 2 diabetes mellitus

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Background: There is an increasing evidence of a possible epidemiological link between HCV infection and diabetes. It is not known whether such a relationship exists in patients here as well. We, therefore, investigated the prevalence of HCV infection in diabetic patients in order to elucidate the presence of a possible association between the two endemics in this region. We wanted to compare the prevalence of HCV infection in diabetic patients with a sample form general population.
Methods: This cross-sectional study was carried out on 550 diabetes patients seen at diabetes clinic at Nishtar Hospital, Multan during winter 2008. Patients' diabetic status and HCV antibody presence were noted. The control group comprised of 550 volunteer blood donors attending the blood bank of Nishtar Hospital, Multan during the period of study. Informed consent was taken before taking the data. Data Analysis was done using SPSS v16.
Results: The mean age of patients was 47.58 years while the mean duration of diabetes was 7.02 years. The patients were predominantly female (55.27%). Out of 550 patients whose data was gathered, 86 patients were tested positive for HCV antibody presence as compared to control in whom 45 people were infected with hepatitis C virus infection out of 550 (OR = 4.60, 95% CI = 3.22–6.57, $p < 0.01$). No significant association was found between the duration of diabetes and presence of HCV infection.
Conclusion: Hepatitis C virus infection is highly prevalent among type 2 diabetic patients as compared to the control group in this region. The nature of association and the effects of other confounding factors need to be seen. It remains to be elucidated how this co morbidity effects progression of liver disease and diabetes.

PP-141 Prevalence of gallstones among persons with chronic liver disease in Pakistan

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Background: We determined the association between Chronic liver disease and Gallstones in a representative sample of adults in Pakistan.
Methods: We included all the consecutive adults with HCV antibody positive and HBsAg positive, who visited our hepatology clinic from Jan 2009 to March 2009. We noted the status and duration of disease, weight, BMI, associated DM (Diabetes Mellitus), smoking, ethnicity and number of children in case of women.
Result: There were 344 participants, out of them 289 (84%) were HCV antibody positive and 55 (16%) were HBsAg positive. Overall prevalence of gallstones was 14.8%. 84.3% of gallstones were among HCV antibody positive and 15.7% among HBsAg positive individuals. Gallstones prevalence increased with age with a predominance in patients of more than 40 years of age (P value = 0.003). The frequency of gallstones increased with the duration of liver disease (P value = 0.05), peak was seen in patients who had chronic liver disease for 2–4 years.
Conclusion: Chronic liver disease was strongly associated with gallstones among men but not in women in our study in Pakistan and gallstone was more common in adults with increasing age and severity of liver disease.

PP-142 Clinical relevance of serum HCV core antigen level and antiviral therapy response

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Aim: To evaluate the significance of HCV core antigen detection in the determination of the efficacy of HCV antiviral therapy in China.
Methods: HCV core antigen was measured in sera of 35 chronic hepatitis C patients. Concentrations of HCV core antigen and HCV RNA were analyzed at 4 time points before, during and after the end of antiviral therapy.
Results: This study showed that the HCV core antigen and HCV RNA concentrations in 35 HCV patients were significantly related. Decrease of HCV core antigen and HCV RNA concentrations at 4th wk, 24th wk, 48th wk were observed during antiviral therapy. HCV core antigen at week 24 of therapy was significantly lower than at week 4 (P = 0.000). In contrast, no decrease was observed in HCV RNA concentrations in the same time (P = 0.303). HCV core antigen testing may be advantageous in some cases, especially the negativity of HCV core antigen at week 4 for prediction of non-response is reliable.
Conclusion: HCV core antigen represents a stable and sensitive marker of viral replication, can be used to monitor the clinical efficacy of HCV antiviral therapy.
Author contribution: Wen-Juan Wu and Yun-Zhi Zhang contributed equally to this work.

PP-143 Introduction of HCV quantification as a diagnostic tool in Mongolia: its significance and lessons learned

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Background: 17% of Mongolian population is infected with HCV, which makes the country one of the top HCV infected countries in the world. Though HCV quantification method was developed almost a decade ago it was only in 2009, when it was first introduced in Mongolia.
Method: Total of HCV 212 patients were enrolled in the study, all of whom had HCV quantification at Happy Veritas clinical laboratory. HCV quantification (Taqman real-time PCR method) was performed by ABI7000. Applied Bio-systems, USA. Commercially available HCV quantification kit was used in the study. Anti-HCV was purchased from ACON laboratories, USA.
Result: Out of 212 patients who had HCV quantified only 35 were also checked for HCV antibody. Patients were divided in high viral load >2 million HCV copies/ml, and low-intermediate <2 million HCV copies/ml. we checked for liver function tests in both groups. Only 3.1% of patients in the high group had normal liver enzymes (AST < 30 IU), while 47% had normal liver enzymes in low-intermediate group. Average ALT 45 IU in low-intermediate group. Mean